2010

Statement of Economic Interest

("Long Form" For Use in 2010 only)

Mail <u>original</u> to State Ethics Commission, 1324 Mail Service Center, Raleigh, NC 27699-1324. Keep a copy for your records. Unless stated otherwise, this is a snapshot of your interests on 12/31/09. For assistance please call 919-715-2071 or e-mail: ethics.commission@doa.nc.gov. An electronic version of this SEI and additional information about its completion are available on the Commission's website at www.ethicscommission.nc.gov.

CONTACT INFORMATION

Name of Person Filing	John A. Doe		
Preferred Mailing Addre	ss ¹ P.O. Box 123		
	Sample, NC 00000-0123	7	
Job Title/Employer	Attorney/NC Dept of X	Eff. date of state position if applicable	
Daytime Phone Number	919-555-1212		
E-Mail Address	johnadoe@sample.com		

If you are filing because you are serving on or being considered for appointment to a State board, commission, task force, authority, or similar public body ("board"), please list the full name(s) of <u>all State boards covered by the Ethics Act</u> (a list of covered boards is available at: www.ethicscommission.nc.gov) on which you are serving or to which you are being considered for appointment:

State Board of Licensing Examiners for X

Please provide the following information concerning your spouse and other members of your immediate family RESIDING IN YOUR HOUSEHOLD.² If the information requested does not apply, please indicate "none."

Full Name ³	Relationship	Occupation/Employer	Nature of Business
Jane B Smith	spouse	attorney/private practice	civil litigation
Jean B Doe	mother	retired	n/a
John A Doe, II	child (minor)	student	n/a

¹ With the exception of judicial officers (including Justices or judges of the General Court of Justice, district attorneys, and clerks of court), persons holding or seeking an elected office with a residency requirement must provide a home address.

² Immediate family includes your spouse (unless legally separated) and members of your extended family (your and your spouse's children, grandchildren, parents, grandparents, and siblings, and the spouses of each of those persons) that reside in your household.

³ Judicial officers and candidates for those offices may use the initials of unemancipated children instead of those children's names. If initials are used, the children's names should be provided on a judicial supplement form available on the Commission's website.

I. \$10,000 PLUS DISCLOSURES

If you, your spouse, or other members of your <u>immediate</u> family have assets or liabilities with a market value of at least \$10,000 in the following categories, please provide the requested information as of 12/31/09 unless another time period is specified in the question.

- ▶ Do not list the value of those assets or liabilities.
- ► Do not list assets or liabilities held in a blind trust⁴ established by or for the benefit of you or an <u>immediate</u> family member.

REAL ESTATE

1. Do you, your spouse, or members of your <u>immediate</u> family have an ownership interest in North Carolina real estate with a market value of \$10,000 or more? \Box Yes \Box No If so, please list below.

Owner of Real Estate	Location by County and City	% Ownership Interest
John Doe, Jane Smith	Carteret, Emerald Isle	50
Jean Doe	Buncombe, Asheville	100

2. Do you, your spouse, or members of your <u>immediate</u> family rent North Carolina real estate with a market value of \$10,000 or more to or from the State?

✓ Yes □No

If so, please list below and identify the State agency involved in the property lease.

Identity of Lessor		Identity of Lessee (Renter)	Location by County and City	
	Jean Doe	NC 123 Department	Buncombe, Asheville	

PERSONAL PROPERTY

3. Within the preceding \underline{two} years, have you, your spouse, or members of your $\underline{immediate}$ family sold or bought personal property with a market value of \$10,000 or more \underline{to} or from the \underline{State} ? \square Yes \square No

If so, please list below and identify the State agency involved in the purchase or sale.

Identity of Purchaser	Identity of Seller	Nature and Location of Property
NC XYZ Department	John Doe	used motor home, Raleigh NC

⁴ A "blind trust" is a trust that meets all of the following criteria: (a) the owner of the trust's assets is unaware of the trust's holdings and sources of income, (b) the individual or entity managing the trust's assets ("the trustee") is not a member of the covered person's extended family and is not associated with or employed by the covered person or his or her immediate family, and (c) the trustee has sole discretion to manage the trust's assets. G.S. 138A-3(1).

4. Do you, your spouse, or member value of \$10,000 or more to or from	and the second s	<u>ediate</u> family rent Yes □No	personal property with a market
If so, please list below and identify	the State agency	involved in the pr	operty lease.
Identity of Lessor	Identity of Le	essee (Renter)	Nature and Location of Property
Jane Smith	NC Department	of DEF	boat, Emerald Isle
5(a). Do you, your spouse, or me publicly owned company valued at ▶Do not list ownership integulated investment comp	mbers of your <u>im</u> t \$10,000 or more terests in a wide panies, or pension	?	OMPANIES wn interests (generally stock) in a If so, please list below. It fund (including mutual funds, ipensation plans) if (i) the fund is ther you nor an immediate family
	l the assets held in plan.		l, investment company, or pension
Owner of Interest		N	ame of Company
John Doe		123 Co., Inc.	
John Doe		ABC Int'l	
Jane Smith		123 Co., Inc.	
Jane Smith		XYZ Corporation	ı
Jane Smith		Bank of 123	
5(b). Do you, your spouse, or moved company valued at \$10,000 ▶ Do not disclose the value of ▶ You are not required to list	or more? ☑Yes f the stock option(t companies alrea	s □No □Listed Alss). dy disclosed in res	bove If so, please list below. sponse to 5(a).
Owner of Stock Option	n		ny in which Option is Held
Jane Smith		ABC Bank	

INTERESTS IN NON-PUBLICLY OWNED COMPANIES OR BUSINESS ENTITIES

6(a). Do you, your spouse, or members of your <u>immediate</u> family have financial interests valued at \$10,000 or more in a non-publicly owned company or business entity (including interests in partnerships, limited partnerships, joint ventures, limited liability companies, limited liability partnerships, and closely held corporations)?

✓ Yes □No If so, please list below.

Specify if the owner is an officer, employee, owner, director, or partner Name of of the company, or a member or Nature of Owner of Interest **Business Entity** manager of a limited liability company **Business** John Doe His and Hers, LLC Member/Manager of Limited Liability Comp prop rental mamt Jane Smith Your and Mine, Inc. Director textile imports -- Choose One ---- Choose One ---- Choose One --

6(b). For each of those non-publicly owned companies or business entities identified in question 6(a) (the "primary company"), please list the names of *any other companies* in which the primary company owns securities or equity interests valued at over \$10,000, *if known*.

Non-Publicly Owned Company (the Primary Company)	Other Companies in which the Primary Company Owns Securities or Equity Interests		
☑None or Not Known			

6(c). If you know that any company or business entity listed in 6(a) or (b) above has any material business dealings, contracts, or other involvement with the State, or is regulated by the State, provide a brief description of that business activity.

Identify Company or Business Entity	Nature of Business Relationship with the State	
□None or Not Known		
Yours and Mine, Inc.	sells to NC Dept of X; regulated by Dept of Y	

VESTED TRUSTS

7. Are you, your spouse, or memb value of \$10,000 or more that is cr			
If so, please list below.			
► Do not list blind trusts. Ple	ase see footnote 4	on page 2 for the	definition of blind trust.
Name & Address of Trustee	Description	of the Trust	Your Relationship to the Trust
John A. Doe	Doe Foundation	n Family Trust	Trustee, Beneficiary
	(charitable/arts/	education)	
8. Do you, your spouse, or mem more, <u>excluding</u> indebtedness (mor	bers of your imm		ave a liability (debt) of \$10,000 or residence?
If so, please list below. Examples i Name of Debtor (You, Spouse, Imm. I		Ту	s, and student loans. The of Creditor and Credit Union, Individual, etc.)
John Doe	Military Italianous,	commercial ban	
Jane Smith		credit union	
Jean Doe		credit union	

II. OTHER DISCLOSURES

9. At any time during 2009, were you, your spouse or other members of your <u>immediate</u> family a director, officer, governing board member, employee, independent contractor, or registered lobbyist of a nonprofit corporation or organization operating in the State primarily for religious, charitable, scientific, literary, public health and safety, or educational purposes? \square Yes \square No

If so, provide the following information.

- ▶ Do not list State boards or entities, or entities created by a political subdivision of the State.
- ▶ Do not list organizations of which you are a mere member or subscriber.
- ► If the listed nonprofit corporations or organizations do business with the State or receive State funds, please provide a brief description of the nature of that business, if known, or which with due diligence could reasonably be known.

Identify Person and His/Her Position	Name of Nonprofit Corp. or Organization	Nature of Business or purpose of org.	Describe State Business or State Funding
John/Director	Friends of XYZ, Inc.	charitable	none known
Jane/Director	DEF Organization	educational	NC Dept of X funds

10. List the name of each source of income (not specific amounts) of <u>more than \$5,000</u> received by you, your spouse, or other members of your <u>immediate</u> family during 2009 if that source was not previously listed in response to questions 1-9. Include salary, wages, state/local government retirement, professional fees, honoraria, interest, dividends, rental income, and business income. <u>Include income from your job title/employer listed in contact information on page 1, if any.</u> Do *not* include income received from the following sources:

► Capital gains

► Federal government retirement

► Military retirement

► Social security income

Recipient of Income	Name of Source	Business or Industry	Type of Income
John Doe	NC Dept of X	government	salary
Jane Smith	Smith & Associates	law/civil litigation	salary/profit sharing

11. Are you are a practicing attor	ney?	0	
If so, check each category of legal sessociated has earned legal fees of	•	•	the law firm with which you are
() Administrative () Administrative () Administrative () Env () Local Government () Rea () Tort litigation (including negliar contents)	rironmental I Property	() Corporate() Insurance() Securities() Utilities r	e () Labor () Tax
12. Are you a licensed profession individually or as a member of a p			lo you provide consulting services No
If so, provide the following informal \$10,000 during 2009.	mation for those	services for which	ch you charged or were paid over
Type of Business		Natur	e of Services Rendered
CPA		inactive, but stil	licensed
immediate family, or their employour State board or employing ent If so, provide the following inform You are not required to con	yer, licensed or native?	regulated by, <u>or</u> on if you are filin	spouse or other members of your have a business relationship with g because you are a legislator or a are filing as an appointee to those Licensing,
Identify Person	Identify Employe	er (if applicable)	Business or Regulatory Relationship
Jean Doe	retired		Licensed by Board X
	-		

	governing boar	rd member of any	y society, organiza	ition, or advoca	immediate family a acy group which has s □No
If so, provide the fo	ollowing inform	ation.			
					are a legislator or a
▶Do not list o	organizations of	which you are or	nly a member.		
Identify Po	erson	Identify Nam Organization, or	ne of Society, · Advocacy Group		ship Position cer, Board Member)
John Doe		Society of XYZ		Director	
Jane Smith		Red University F	oundation	Board member	er
15. Have you ever innocence or (ii) an If so, please provid	order of expune the following i	gement regarding	g that conviction?	⊠Yes □No	(i) a pardon of State of Conviction
dwi	6	1/1/89	III VICTION	Wake, NC	state of conviction
appointed, employeyou and the donor person to conclude If so, and the total per quarter, please Do not repo	ed, or filed or wwere outside Not that the gifts we walue of those g provide the follort gifts given by ort gifts that have	vere nominated a parth Carolina and ere given for the parties of your members of your previously been	s a candidate), di under circumsta purpose of lobbyin or a group of pe	id you receive a nees that would ng? ☑Yes □N rsons acting tog	gether exceeds \$200
Date Item Received	Name and Add	lress of Donor(s)	Describe Item	s Received	Estimated Market Value
1/15/09	John Jones, 1	23 Corporation	artwork (vase)		\$250
	1				1

17. During the preceding year (but only the time period after you were appointed, employed, or filed of	r
were nominated as a candidate), have you accepted a "scholarship" (a "grant-in-aid to attend	a
conference, meeting, or similar event") from a donor outside North Carolina and that was related to	to
your public position? ☑Yes □No	

If so, and the value of that scholarship from a person or group of persons acting together exceeds \$200, please provide the following information.

- ► Do not report gifts that have previously been reported by you to the Department of the Secretary of State on the "Expense Report for Exempted or Persons Not Covered."
- ► You are not required to complete this question if you are a judicial officer or you are filing as a judicial officer appointee. Please indicate if this is the case.
- ► Legislators are not required to report scholarships paid by a nonpartisan legislative organization of which the legislator or the General Assembly is a member or participant or an affiliate of that organization.

Date of Scholarship	Name and Address of Donor(s)	Describe Event	Estimated Market Value	
6/1/09	John Jones, 123 Corporation	123 Annual Conference	\$1234.00	

18. Are you or a member of your <u>immediate</u> family currently registered as a lobbyist or lobbyist principal or were you registered as such during 2009?

☑Yes □No

If so, please provide the following information.

Name of Lobbyist	Lobbyist's Principal	Date of Registration	Registration Expiration
Jane Smith	123 Corporation	1/1/09	12/31/10

19. Are you aware of any other information that *you believe* may assist the State Ethics Commission in advising you concerning your compliance with the State Government Ethics Act? \square Yes \square No

If so, please provide that information.

My brother is licensed by the Board of X which I serve on. Our family trust includes stock in 123 Corporation.

Please ensure that you have responded to all questions, specifically including question number 19, and that you have stated "None" in response to those questions in which you have nothing to disclose. In the event you fail to answer a question, your disclosure statement will be returned and you will be required to correct any deficiencies, reaffirm the content of the form, and have the reaffirmation notarized.

** North Carolina law establishes a fine of \$250 for failure to timely file a complete Statement of Economic Interest. In addition, it is a Class 1 misdemeanor to knowingly conceal or fail to disclose required information, and a Class H felony to provide false information on a Statement. Such actions can also subject you to disciplinary action in connection with your employment.**

Oath or Affirmation

I hereby swear or affirm, under penalty of perjury and other penalties established by North Carolina law, that I have read this Statement of Economic Interest and any attachments thereto and that the information provided on the Statement and any attachments is true, correct, and complete to the best of my knowledge and belief. I also certify that I have not transferred, and will not transfer, any asset, interest, or property for the purpose of concealing it from disclosure while retaining an equitable interest.

SIGNATURE of Person Filing

STATE OF NORTH CAROLINA COUNTY OF WAKE

Signed and sworn to or affirmed before me this day by

John A. Doe

PRINTED NAME of Person Filing

Signature of Notary Public

Notary's printed or typed name:

Mary Notary

My Commission Expires:

12/31/10